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| RESPONSE TRANSMITTAL | Docket No.: EWW-P005US | Total Pages: 51 |
| | Application No.: 10/007,461 | |
| | Filing Date: 11/05/2001 | |
| | First Named Inventor: Rick Castanho | |
| | Art Unit: 2151 | |
| Examiner Name: Backhean Tiv | | |

| ITEMS INCLUDED: | ADDRESS TO: <input checked="" type="checkbox"/> Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------|----------------------|--|----------------------|----------------------------------|------------|---|----|--|--|--|--|--|--|--|-----------------|----------------------|-----|--|----------------------|---------------------|-----------------|----------------------|-----------|---|-----|--|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> Response to Office Action dated August 9, 2005.</p> <p style="margin-left: 40px;"><input type="checkbox"/> After Final.</p> <p>2. <input checked="" type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is 3rd Month ; accordingly the appropriate non-small-entity fee is (\$1020.00).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$510.00).</p> <p>3. <input type="checkbox"/> Substitute Specification.</p> <p>4. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449.</p> <p style="margin-left: 40px;"><input type="checkbox"/> Copies of IDS citations.</p> <p>5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets:)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal</p> <p>6. <input type="checkbox"/> Excess claim fees:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Total Claims</u></th> <th style="text-align: left;"><u>Extra Claims</u></th> <th style="text-align: left;"><u>Fee (\$)</u></th> <th style="text-align: left;"><u>Fee Paid (\$)</u></th> <th style="text-align: left;"><u>Multiple Dependent Claims</u></th> </tr> </thead> <tbody> <tr> <td>-20 or HP=</td> <td>x</td> <td>25</td> <td></td> <td></td> </tr> <tr> <td colspan="4">HP = highest number of total claims paid for, if greater than 20</td> <td> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Fee (\$)</u></th> <th style="text-align: left;"><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>180</td> <td></td> </tr> </tbody> </table> </td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Indep. Claims</u></th> <th style="text-align: left;"><u>Extra Claims</u></th> <th style="text-align: left;"><u>Fee (\$)</u></th> <th style="text-align: left;"><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>-3 or HP=</td> <td>x</td> <td>100</td> <td></td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </tbody> </table> <p>7. <input type="checkbox"/> Other Fees:</p> <p>8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed.</p> <p>9. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>10. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (). A duplicate copy of this sheet is enclosed for this purpose.</p> <p>11. <input type="checkbox"/> Other Enclosure(s):</p> <p>12. <input type="checkbox"/> Remarks:</p> | | <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | -20 or HP= | x | 25 | | | HP = highest number of total claims paid for, if greater than 20 | | | | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Fee (\$)</u></th> <th style="text-align: left;"><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>180</td> <td></td> </tr> </tbody> </table> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | 180 | | <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | -3 or HP= | x | 100 | | HP = highest number of independent claims paid for, if greater than 3. | | | |
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RESPONSE TRANSMITTAL
(Executed Attachment to Page 1)

Page 2

| CERTIFICATE OF TRANSMISSION/MAILING | |
|---|--------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | |
| Signature <i>Kristin Miele</i> | Date <i>2/9/06</i> |
| Typed or printed name Kristin Miele | |

Dated: 2/9/06

Respectfully submitted,

By: 

Anthony L. Miele, Attorney for Applicant(s)
Registration Number 34,393
Customer Number 000050048
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2 Summer Street, Suite 306, Natick, MA 01760
Phone: 508-315-3677 Fax: 508-319-3001

**RECEIVED
CENTRAL FAX CENTER****FEB 09 2006****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Rick Castahno et al.

Serial No.: 10/007,461

Group Art Unit: 2151

Filed: 11/05/2001

Examiner: Backhean Tiv

For: System and Method for Service Specific Notification

Attorney Docket Number: EWW-P005US

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**RESPONSE UNDER 37 C.F.R. § 1.111**

Dear Sir:

Please amend the above referenced application as follows:

Amendments to the Specification begin on page 2 of this paper.**Amendments to the Drawings** begin on page 3 of this paper.**Amendments to the Claims** begin on page 4 of this paper.**Remarks** begin on page 4 of this paper.

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01 FC:2253 510.00 0P